

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17						
18						
19						
20						
21						
22	1					
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34	1					
35						
36						
37						
38						
39	1					
40						
41						
42		2				
43		2				
44		2				
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	53					
TOTAL CLAIMS	58					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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58						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

25  
28  
53